## **Bereavement - Registration Form**

**Important:** Please complete this form IN BLACK INK using BLOCK CAPITALS. If you require any assistance in completing this form, please contact your local branch office (contact details available at www.swansea-bs.co.uk).



www.swansea-bs.co.uk

#### What we need from you

- The original or official copy of the death certificate
- The name of the Personal Representative(s).

We need to know who we're writing to and who is entitled to the information.

### Important information detailing the sections you will need to complete

- You will need to complete below sections of this form to allow us to register the death against the late customer's account(s)
- If the total balance of the account(s) is £20,000 or over (Net\*) Grant of Probate needs to be obtained. (\*Net means after the cost of the funeral, Inheritance Tax and application fee for probate.)

For Society us	se only		Account Nu	mber								
For Society us	se only		Account Nu	mber								
Details	s of the late cu	stomer										
Title (Mr/Mrs/Etc.)		Forename(s) in full										
Surname												
Address												
			Postcode									
Date of Birth	DD/MM/Y	YYYY	Date of Death	D	<b>D</b> /	М	M /	Υ	Υ	Υ	Υ	
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### First Personal Representative

Title (Mr/Mrs/Etc.)	
Forename(s) in full	
Surname	
Date of Birth	
Address	
Postcode	Time at address
Relationship to Customer	
Home Phone (+ Code)	
Work Phone (+ Code)	
Mobile Phone (+ Code)	
email Address	
Date	DDIMMIYYY
Signature	

# **Second Personal Representative**

Title (Mr/Mrs/Etc.)	
Forename(s) in full	
Surname	
Date of Birth	
Address	
Postcode	Time at address
Relationship to Customer	
Home Phone (+ Code)	
Work Phone (+ Code)	
Mobile Phone (+ Code)	
email Address	
Date	DDIMMIYYYY
Signature	

If there are more than two Personal Representatives, please use another registration form to provide us with their details.